According to the Paperwork Reduction Act of 1995, an agency may not consider or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0579-0047. The time required to complete this information collection is estimated to average .17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED 0579-0047 EXP. 00/00/0000

TELECOPIER JUSTIFICATION FOR BRUCELLOSIS HERD DEPOPULATIONS							1. SUBMITTED BY: 3. SUBMITTED TO:							2. DATE SUBMITTED	
4. NAME OF HERD OWNER							5. STREET ADDRESS								
6. COUNTY															
						☐ Modified Certified ☐ Free									
							_	space is	needed, a	ttach additiona	l sheets)				
8. TEST DATES 9. PLATE - TUBE N R S				10. N	BBA R	11. R	TITER	12. OTHER RESULTS REMARKS						13. DATE "R" REMOVED FROM FARM	
					HER	D HIST	OPV (Also	suhmit	a narrativo						
14. ISOLAT	HERD HISTORY (Also submit a narrative report if necessary) 14. ISOLATIONS: (Results and dates)														
15. MCI									16. BRT		Date (If ye	c)			
Yes No			Date (If yes)			Stockyards			Yes			Date (II yes)		Beef NA	
			L	Slaughter											
					Perce	Percent			18. STRAIN 19 CV HISTORY Percent CV in adult herd Percent CV in				noment heifers		
☐ Yes ☐ No					%			Percent CV in adult herd Percent CV in rep				%			
20. ECONO 21. IMPACT															
							INVENT	ORY TO	DEPOPU	LATE					
			22. NO. ADULT						23. NO. CALVES EMALE MALE			24. STEERS (Ineligible)		. ESTIMATED INDEMNITY	
Register	ed		cows			BULLS		FEIV	IALE	MALE		(iricligible)			
Grade	<u> </u>												\$		
		!						APPRO	VED BY		<u> </u>		-!		
26. SIGNATURE OF STATE OFFICIAL										27. TITLE				28. DATE	
29. SIGNATURE OF FEDERAL OFFICIAL										30. TITLE				31. DATE	
32. SIGNAT	URE O	F REGI	ONAL [DIREC1	OR				I					33. DATE	